

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/61958-9 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	15					
TOTAL CLAIMS	16					

TOTAL IND.				
TOTAL DEP.				
TOTAL CLM				